

**COMPLAINT  
FORM****Business Entity Employing  
Unauthorized Aliens**

**Return to:** Missouri Attorney General's Office  
Attn: Worker Identity Verification  
PO Box 899  
Jefferson City, MO 65102

**MISSOURI ATTORNEY GENERAL  
CHRIS KOSTER**

**573-751-3321  
ago.mo.gov**

[Section 285.530](#) of the Revised Statutes of Missouri prohibits a business entity or employer from knowingly employing, hiring for employment, or continuing to employ an unauthorized alien to perform work in Missouri. [Section 285.535](#) allows any state official, business entity or state resident to file a complaint regarding the employment of unauthorized aliens. Providing false information in this affidavit can result in civil and/or criminal penalties.

**Section 1: INFORMATION ABOUT BUSINESS ALLEGED TO EMPLOY UNAUTHORIZED ALIENS**

**BUSINESS** \_\_\_\_\_  
NAME PHONE

**ADDRESS** \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP COUNTY

**WEB SITE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**TYPE OF BUSINESS** \_\_\_\_\_

**NAME OF OWNER OR PRINCIPAL** \_\_\_\_\_

**Section 2: YOUR INFORMATION**

**FULL NAME** ☐ MR. ☐ MRS. ☐ MS. \_\_\_\_\_  
LAST FIRST MIDDLE

**ADDRESS** \_\_\_\_\_  
STREET APARTMENT

\_\_\_\_\_  
CITY STATE ZIP COUNTY

**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**PLEASE CHECK ONE BOX:**

- ☐ I am a state official.
- ☐ I am a state resident.
- ☐ I am the registered agent, corporate officer or legal representative of \_\_\_\_\_, a business entity.  
NAME

# Business Entity Employing Unauthorized Aliens **Complaint Form**

## Section 3: DETAILS OF ALLEGED VIOLATION

**Note:** A valid complaint cannot allege a violation solely or primarily on the basis of national origin, ethnicity or race.

**DESCRIBE IN DETAIL THE INFORMATION THAT INDICATES  
THE BUSINESS EMPLOYS UNAUTHORIZED ALIENS** \_\_\_\_\_

---

---

**WHEN DID THE BUSINESS  
EMPLOY UNAUTHORIZED ALIENS?** \_\_\_\_\_

**WHERE DID THE BUSINESS  
EMPLOY UNAUTHORIZED ALIENS?** \_\_\_\_\_

## Section 4: VERIFICATION BY COMPLAINANT

**I DECLARE UNDER PENALTY OF PERJURY** under the laws of the State of Missouri that the foregoing is true and correct to the best of my knowledge and belief. If signing for a business entity in a representative capacity, I acknowledge that I am authorized to sign this application on behalf of the complainant.

\_\_\_\_\_  
**NAME(S) PRINTED**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE(S)**

\_\_\_\_\_  
**TITLE(S)**

## Section 5: NOTARY INFORMATION

NOTARY PUBLIC  
EMBOSSER OR BLACK  
RUBBER STAMP SEAL.

\_\_\_\_\_  
**STATE**

Subscribed and sworn before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC SIGNATURE**

\_\_\_\_\_  
**DATE MY  
COMMISSION  
EXPIRES**

\_\_\_\_\_  
**NOTARY PUBLIC NAME (TYPED OR PRINTED)**

\_\_\_\_\_  
**COUNTY (OR ST. LOUIS CITY)**

Use rubber stamp  
in area below.